



ALAMEDA RECREATION AND PARK DEPARTMENT
2226 Santa Clara Avenue, Alameda, CA 94501 - (510) 747-7529

SMALL FRYS AND TINY TOTS REGISTRATION FORM
(PLEASE PRINT CLEARLY)



CHILD'S NAME _____ ☐ BOY ☐ GIRL
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE (____) _____ BIRTHDATE ____/____/____ AGE ____ YRS, ____ MOS. STAFF VERIF. _____
ALLERGIES, MEDICAL PROBLEMS, MEDICATIONS, DIETARY RESTRICTIONS _____

MOM/GUARDIAN'S NAME _____ ADDRESS (if different from above) _____
HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____
E-MAIL ADDRESS _____
DAD/GUARDIAN'S NAME _____ ADDRESS (if different from above) _____
HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____
E-MAIL ADDRESS _____

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH PARENTS/GUARDIANS, PLEASE CONTACT: (I understand that it is my responsibility to provide current phone numbers)
NAME _____ RELATIONSHIP TO CHILD _____
HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

PERSON(S) AUTHORIZED TO PICK-UP CHILD: _____

| SMALL FRYS Ages 3 years to 3 years, 11 months <u>Indicate your 1st, 2nd & 3rd location choices:</u> | TINY TOTS Ages 4 years to 5 years <u>EITHER:</u> <u>2 Days (T/Th) OR 3 Days (M/W/F)</u> <u>Indicate your 1st, 2nd & 3rd location choices:</u> | TINY TOTS Ages 4 years to 5 years <u>5 Days (Monday through Friday)</u> <u>Tue/Thu Leydecker</u> <i>For 5 days, you may combine the Tue/Thu Leydecker class with one of the following Monday/Wednesday/Friday site(s): (Be sure you indicate your 1st, 2nd & 3rd location choices)</i> |
|--|--|--|
| <u>9:00 AM-12:00 NOON</u> | <u>9:00 AM-12:00 NOON</u> | <u>12:00 NOON TO 3:00 PM</u> |
| ___ M/W/F .. Godfrey | ___ M/W/F .. Leydecker | ___ M/W/F Leydecker |
| ___ T/Th Godfrey | ___ T/Th Leydecker | ___ M/W/F McKinley |
| ___ M/W/F ... Littlejohn | ___ M/W/F ... McKinley | ___ M/W/F McKinley |
| ___ T/Th Littlejohn | ___ M/W/F ... Washington | ___ M/W/F Washington |
| ___ T/Th McKinley | ___ M/W/F ... Woodstock | ___ M/W/F Woodstock |
| ___ T/Th Washington | | |

PARENTS/GUARDIANS: Please Read the following and Initial:
LATE PICK UP FEE: I understand that if my child is not picked up by 12:00 p.m. (or 3:00 p.m. for the afternoon class), a late fee of \$1 per minute for every minute I am late will be charged beginning at 12:01 p.m. (or 3:01 p.m. for the afternoon class) payable that day..... (initial)
ABSENCES: I understand that credits, refunds or make-ups will not be given when my child is absent from the program..... (initial)
SIGN OUT: I understand that my child must be signed out by an authorized person. (initial)
PAYMENT: I understand that full payment is due at the time of registration. However, if I choose to pay in installments, I understand that it is my responsibility to pay the next installment by the due date. If I miss the due date, I understand that I will be charged an automatic \$30 late fee..... (initial)

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA,** its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE,** whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. **THE UNDERSIGNED HEREBY PERMITS** the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND POLICIES AND PROCEDURES STATED ABOVE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made. **I HAVE READ THIS RELEASE.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

| | | | | | | |
|-------------|---------------|---------------|----------------------------|---------------------------------------|--------------------------------------|----------------|
| FALL | WINTER | SPRING | AMOUNT ENCLOSED \$ _____ | <input type="checkbox"/> FULL PAYMENT | <input type="checkbox"/> INSTALLMENT | DATE: _____ |
| | | | CASH CHECK MASTERCARD/VISA | - | - | EXP DATE _____ |